



USAID
FROM THE AMERICAN PEOPLE

Form No.



LESOTHO SAVE THE CHILDREN

P.O. Box 151, Maseru 100, Lesotho, Southern Africa
Tel.: (09266) 322543.

**Africa Education Initiative (AEI) – Ambassador's Girls' Scholarship Program/
Lesotho
Sponsored by the United States Government**

Application Form for AEI Scholarship

Please attach a PHOTOCOPY of the latest academic records. This scholarship is only available for Primary, Form A, B, and C pupils. Applications must be submitted to the Lesotho Save the Children. Selections will be based upon applicants' families' financial status and their academic merit.

NAMES: _____ SURNAME: _____

DATE OF BIRTH: ____/____/____ SEX : (M/F) DATE OF APPLICATION _____
dd /mm /yyyy

PHYSICAL ADDRESS(Motse le Setereke)	POSTAL ADDRESS (Poso)
	Name and Phone No. of a contact Person:

PREVIOUS SCHOOL
ATTENDED _____ YEAR _____ CLASS/FORM _____

Academic Performance

YEAR	LAST QUARTER TEST	POSITION	NO. IN CLASS	AGGREGATE %

PRESENT SCHOOL ATTENDED _____ CLASS/FORM _____

Family details

FATHER'S NAME		MOTHER'S NAME	
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ARE ONE/BOTH PARENTS DECEASED? _____

Siblings (Blood brother and sister or those she lives with)

NAME	AGE	RELATIONSHIP	OCCUPATION	INCOME

WHY IS AID RECOMMENDED? (Explain)

LIVING CONDITIONS:

Housing:

What kind? _____ Any toilet? (Y/N) Water tap? (Y/N)

Parents' employment Status

JOB STATUS OF PARENTS	OCCUPATION	INCOME
FATHER		
MOTHER		

Does family have any animals? (Y/N)

TYPE OF ANIMALS (e.g. cattle, sheep, goats, etc.)	QUANTITY

HEALTH STATUS OF A CHILD: e.g. any disabilities? (Y/N)

Disability will not disqualify a child from receiving a scholarship. In fact, special consideration will be given to children with disabilities. If yes, explain:

CHILD'S INTERESTS: _____

Teacher's comments:

Affix school stamp here:

<div>Signed: _____</div> <div>Date: _____</div>

Affix chief's stamp here:

<div>Signed: _____</div> <div>Date: _____</div>

FOR OFFICE USE ONLY:

(Please do not write below this line)

Is the information satisfactory? YES/NO	STUDENT' S Ref NO. _____
Application approved/ disapproved: _____	
Signed: _____	(Bursary Administrator)
DATE: _____	